

County of San Bernardino
Department of Behavioral Health
Leadership Development Program

Overview

Overview

The Department of Behavioral Health (DBH) identified a need to implement a leadership development program for DBH and contract agency staff during the workforce needs assessment conducted to submit the Workforce Education and Training (WET) component of the Mental Health Services Act (MHSA).

DBH contracted with Loma Linda University to develop the Leadership Development Program. Under this agreement Loma Linda University has worked with DBH WET staff to evaluate and implement Evidence Based Leadership practices as part of the Leadership Development curriculum.

Through this program, DBH will develop leaders from existing staff, begin succession planning for future leadership, begin to make leadership based assignments, and build leadership into supervisory training.

The purpose of this document is to provide a detailed description of the program including the selection processes for participants and mentors, the curriculum and the evaluation methodology. The final section will describe the details for the proposed pilot project starting in 2011.

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Leadership Development Program Background

Background The Leadership Development Program was developed over a two year period by Loma Linda University and DBH WET staff. The purpose of the program is to develop leadership capabilities in DBH and contract agency staff at all levels of the organization.

Focus groups Focus groups were conducted in 2008 with DBH and contract agency staff to get input about the core competencies of a strong behavioral health leader.

Competencies As a result of the feedback from the focus groups and research of evidence based leadership, the following competencies were determined:

Competency Type	Competency Areas
Attitudes and Behaviors	<ul style="list-style-type: none"> • Accountability • Continual learning/self improvement • Continuous quality improvement • Customer oriented • Flexibility/adaptability • Governance and societal responsibilities • Integrity/honesty • Interpersonal engagement and demeanor
Knowledge and Perspectives	<ul style="list-style-type: none"> • Mental health services, including historical perspective • Financial management • Human resource management/supervision • Leadership perspectives • Policy-making • Political awareness • Program coordination/project management • Program development/implementation • Program evaluation/organizational assessment • Organizational systems • Strategic visioning and planning • Technology management
Advanced Skills	<ul style="list-style-type: none"> • Communication • Decision making • Influencing/negotiating • Judgment • Networking and partnering (internal and external) • Team building

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Leadership Development Program Background, Continued

Functional areas

Seven functional areas necessary to be an effective leader in a behavioral health organization were determined through focus groups with several hundred DBH and contract agency staff as well as meetings with the DBH Executive Management team. The competencies listed in the previous block will be learned through a curriculum that covers the seven functional areas listed below:

1. **DBH System of Care** – system structures, finance, quality strategy, self-evaluation, management oversight, and advocacy.
2. **Stakeholder Collaboration** – understanding stakeholder development and engagement, identification and support for roles of stakeholders in the implementation of recovery oriented mental health services strategies.
3. **Team Effectiveness** – internal functioning, productivity, and organizational performance.
4. **Climate** – establishing a climate that effects motivation; linked to effective communication patterns, understanding of intentions of administration, clear vision, understanding the political and financial atmosphere.
5. **Organizational Performance** – clear benchmarks, comprehensive but clear performance criteria, emphasis on continuous quality improvement.
6. **Cultural Diversity Practices** – knowledge and recognition of the organization's diversity issues and needs, commitment to cultural competency and reducing disparities.
7. **Strategic Human Resource Systems** – recruitment, retention, training, mentoring, reward and recognition.

Note: The DBH Leadership Development Program will focus on the first five functional areas. Cultural Diversity Practices is part of the existing training delivered under the Cultural Competency Plan. The Strategic Human Resource Systems training areas are a part of the County of San Bernardino Management Leadership Academy (MLA) curriculum.

Training format

The Leadership Development Program will operate for one year and will be formatted to include multiple teaching styles as follows:

- Five face-to-face all day (8:30-4:30) training sessions (combination lecture/didactic). Generally these will be monthly.
 - Reflective essays
 - Monthly mentor/student meetings
 - Supplemental training as needed (ex. 2-day Project Management training)
 - Supplemental reading may be assigned applicable to current DBH priorities or initiatives
 - Six month long group project to demonstrate skills
 - The project will be presented to the Administrative department upon completion.
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Participant Selection Process

Participants

Participants for the Leadership Development Program should be staff from both DBH and contract agencies who demonstrate some basic competencies of a leader. Due to the time commitment needed for the program, the participant's supervisor must be able to allow participation for all aspects of the program including class time, monthly mentor meetings, other assigned training courses and time to complete the group project.

Process

The application and selection process will be as follows:

Stage	Description
1	A web blast will be sent to all DBH and contract agency staff to solicit applications.
2	Applications submitted will include future career goals, components of the ideal job, leadership traits the applicant values and what is the applicant's current barrier to their ideal job. The application will have to be signed by the Supervisor, Program Manager and Deputy Director for consideration.
3	WET staff will receive and log all applications and ensure that all approval signatures are present.
4	The Executive Team will review all applications and make the selections. An invitation will be made to ACBO to participate in the selection process.
5	WET staff will inform staff of the selections.

Mentor Component

Mentors

The mentor component will be a very valuable part of the Leadership Development Program. Mentors will be identified and recruited by the Executive Management Team and the Association of Community Based Organizations (ACBO) Leadership Team.

- Mentors will provide feedback and advice different from the participant's supervisor.
 - Mentors should be from a program different than the participant's program in which they work.
 - Mentors should be at a Program Manager II level or higher from either DBH or a contract agency.
 - The mentor relationship can last longer than the program, providing support and mentoring for future endeavors, not just for this program.
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Training

DBH will partner with PERC to provide training to the mentors prior to the first mentor session. The training will include:

- Competencies of a good mentor
 - Problem resolution
 - Expectations
-

Mentor competencies

The following chart outlines the essentials of a good mentor:

Competency	Strategies to Develop Competency
<p><i>Commitment</i> A good mentor is committed to the role of mentoring and believes in the value of mentoring</p>	<ul style="list-style-type: none"> • Provide formal mentor training. • Establish clear descriptions of the roles and responsibilities of mentors. • Encourage mentors to keep journals or logs to document activities, goals, and plans for the mentor-mentee interaction. • Support the time and efforts of mentors by maintaining balanced expectations of workload and rewarding or acknowledging mentoring.
<p><i>Acceptance</i> A good mentor accepts their mentees, is empathetic, and free of judgment or rejection</p>	<ul style="list-style-type: none"> • Engage mentors (or prospective mentors) in reflecting on the qualities contributing to effectiveness in your discipline or profession. • Provide opportunities for mentors to discuss and understand the challenges, problems and concerns of people new to the discipline or profession. • Offer professional development training in theories of adult education.

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Mentor Component, Continued

Mentor competencies (continued)

Quality	Strategies to Foster
<p><i>Teaching</i> A good mentor is a reflective instructor, teacher and supporter of the learning process who provides observational feedback and shares experiences.</p>	<ul style="list-style-type: none"> • Create institutional supports for mentors to engage in participatory, critically reflective learning with mentees. • Such supports include: Time allocated for teaching-learning interactions between mentor and mentee (may include sharing teaching responsibilities for a course). • Access to training and resources on critical reflective learning theory and practice.
<p><i>Communication</i> A good mentor is effective in different interpersonal contexts, adjusting their mentoring communication to meet the needs of mentees.</p>	<ul style="list-style-type: none"> • Provide opportunities for mentors to learn about and discuss the challenges of interpersonal communication. • Stimulate dialogue and discussion about the dysfunctions that may arise in a mentoring relationship and how to address them. • Provide a support network or forum for mentors to seek confidential advice on issues or concerns related to the mentor-mentee relationship.
<p><i>Learning</i> A good mentor values and models continuous learning, actively engaging mentees in their own learning and reflective processes.</p>	<ul style="list-style-type: none"> • Establish clear criteria for mentor selection. • Offer mentors frequent opportunities to participate in professional growth and development experiences to enhance their work as a mentor. • Support mentors interested in participating in workshops, conferences or other educational activities about mentorship.
<p><i>Optimism</i> A good mentor publicly and privately affirms the human potential of mentees.</p>	<ul style="list-style-type: none"> • Incorporate a requirement for mentors to have positive outlooks about mentorship and their profession into mentor selection criteria. • Acknowledge the value of mentoring through explicit statements or policies supported by the organization or institution. • Ensure mentoring is a voluntary activity of potential mentors.

Source: Canadian Coalition for Global Health Research

Process

Tools will be provided to mentors to help guide the mentor sessions as the initial relationship development is occurring.

Curriculum/Schedule

Overview The curriculum for the Leadership Development Program is based on Evidence Based Leadership principles as well as the core competencies desired in a behavioral health leader. A facilitator will act as the moderator for all of the class sessions.

Format Classes will be formatted as follows based on the competencies described earlier in the document:

- Core Knowledge Component (CKC)
 - Topic
 - Exercise
 - Topic
 - Exercise
- Problem Focused Learning (PFL)
 - Case studies and vignettes completed in groups to demonstrate the core knowledge component.

Note: Multiple presenters may be utilized to present the core knowledge components in order to ensure all topics are covered.

Curriculum The following five sections outline at a high level the proposed curriculum topics:

- DBH System of Care
- Stakeholder Collaboration
- Team Effectiveness
- Climate
- Organizational Performance

Scenarios for the case studies that are relevant to DBH will be solicited from the Executive Team to ensure that the topics relate to the current DBH environment.

Post class reflection Upon completion of each class, each participant will be required to write a short reflective essay choosing one of a few select topics. The essays will be reviewed by the mentors during the monthly meetings and used to evaluate the overall progress of the participant and effectiveness of the program.

Evaluation Methodology

Background

The program will make use of data triangulation to assess the educational effectiveness of the DBH leadership training program. Data triangulation is appropriate for situations where no singular measure tells the entire story or provides evidence strong enough to support reasonable conclusions. However, by collecting and comparing data from more than one level of person associated with the program, and by utilizing and comparing the results of different types of data; statements regarding conclusion validity and subsequently the educational effectiveness of the DBH leadership training program can be determined.

Methodology

The data triangulation design used to evaluate the DBH leadership training program will make use of both qualitative and quantitative data. Qualitative data sources include:

- 1) **Formative reflective essays** completed by employee participants at the completion of each class;
- 2) **Summative reflective essays** completed by employee participants at the completion of the program;
- 3) **Reflective essays** completed by mentors regarding participants' formative learning at the completion of each class;
- 4) **Reflective essays** completed by mentors regarding participants' summative learning following the completion of the program; and
- 5) **Reflective essays** completed by supervisors following the employee's completion of the program.

Quantitative data will be derived from assessment rubrics completed by evaluators of employees' major projects to identify the degree to which core knowledge/leadership competencies have been integrated and reflected. Analysis of qualitative data will make use of NVIVO™ software to identify conceptual themes from the reflective essays. Loma Linda University currently has the software that will be used for this analysis. Quantitative data findings will be merged with qualitative results to determine the strength of conclusion validity and the degree to which evidenced-based learning has occurred.

Note: A sample reflective essay is included at the end of this document.

2011 Pilot Program

Proposed participants

For the purpose of the inaugural year, the proposed number of participants is 12. This will allow for equal size groups in the class settings. The group should be made up as follows, being mindful of diversity:

- Equal amount of clinical and administrative staff
- Staff from both DBH and contract agencies
- Staff at a Clinic or Administrative Supervisor level or lower

Note: Due to budget constraints every effort will be made to achieve this mix but exceptions will be made if necessary.

Schedule

All classroom sessions will be held from 8:30-4:30 at the Training Institute at 1950 S. Sunwest Lane, Suite 200 in San Bernardino. The following chart outlines the class schedule and scheduled topics/presenters:

Date	Time	Topic	Presenter
2/16/11	8:30-9:00	Introductions and Expectations	Mariann Ruffolo, Dr. Bev Buckles
	9:00-10:30	History of Mental Health including policy and funding	Allan Rawland (conf.)
	10:45-12:00	How DBH fits in the healthcare delivery system, State & Federal	Sarah Eberhardt-Rios
	1:15-2:00	DBH budget	Tanya Bratton
	2:00-2:30	Writing overview	Mariann Ruffolo, Dr. Bev Buckles
	2:45-4:30	Case study	Mariann Ruffolo
3/16/11	8:45-10:00	Stakeholder overview-importance of engaging stakeholders	Allan Rawland (conf.), Lynn Neuenswander, Mariann Ruffolo
	10:15-11:15	Stakeholder engagement-strategies	Veronica Kelley, Jonathan Buffong, Andre Bossieux, Dr. Ron Smith
	11:15-12:00	Internal stakeholders-who they are, how to engage them	Sarah Eberhardt-Rios, Lynn Neuenswander
	1:15-2:00	Mentor debriefing	Susanne Kulesa
	2:15-4:30	Case study	Susanne Kulesa
4/20/11	8:45-9:30	Self care-for yourself and your staff	Mike Schertell
	9:30-10:45	Team building/team dynamics from a leader and participant's perspective	CaSonya Thomas (conf.), Lisa McGinnis
	11:00-12:00	Self evaluation	Dr. Bev Buckles
	1:15-2:00	Mentor debriefing	Mariann Ruffolo
	2:15-4:30	Case study	Mariann Ruffolo

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2011 Pilot Program, Continued

Schedule (continued)

Date	Time	Topic	Presenter
5/18/11	8:45-9:45	Working with the BOS, CEO and other Department heads	Allan Rawland (conf.)
	10:00-10:45	Media interaction	Lynn Neuenswander
	10:45-12:00	Public hearings/meetings	Veronica Kelley, Mariann Ruffolo, ACBO President Bev Ary, Debi Pasco
	1:15-2:00	Mentor debriefing	Mariann Ruffolo
	2:15-4:30	Case study	Mariann Ruffolo
6/15/11	8:45-9:45	Quality Improvement	Sarah Eberhardt-Rios
	10:00-11:00	Outcomes and Evaluation	Dr. Keith Harris
	11:00-12:00	Technology/ Electronic Health Records	Michael Day/ Dr. Keith Harris
	1:15-2:00	Mentor debriefing	Mariann Ruffolo
	2:15-3:30	Case study	Mariann Ruffolo
	3:30-4:30	Project Overviews	Various PMs

REFLECTION ESSAY

Should be a private site that supports confidentiality of the participants.



Please complete the following essay and email it to _____ by
(date) _____.

**Do not provide any personal information or identifiers when you complete this essay. This information is not needed.*

Name of the class completed: _____

Of the theme suggestions listed below, please choose two and reflect on your learning experience and your professional development plan (200 word minimum).

(insert list)



We will spend time identifying the key themes and include the core knowledge areas or competencies addressed by each class. There will be several choices for the participant to choose from.

If none of these themes reflect your experience, please write about two different themes from this class that are applicable to your professional development plan.

If you have any questions about this essay call the _____, Ext._____. Thank you.